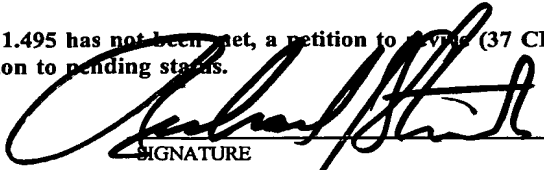


Rec'd PCT/PTO 08 JAN 2002

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|--|--|---|--|--|--|
| FORM PTO-1390<br>(REV. 9-2001)   |  | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE |  | ATTORNEY'S DOCKET NUMBER<br>CU-2801 RJS                            |  |
| TRANSMITTAL LETTER TO THE UNITED STATES<br>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br>CONCERNING A FILING UNDER 35 U.S.C. 371   |  |   |  | U.S. APPLICATION NO. (If known, see 37 CFR 1.5<br><b>10/030398</b> |  |
|  |  |   |  |  |  |
| INTERNATIONAL APPLICATION NO.<br>PCT/FR00/01967  |  | INTERNATIONAL FILING DATE<br>07 July 2000               |  | PRIORITY DATE CLAIMED<br>09 July 1999                              |  |
| TITLE OF INVENTION<br>ANATOMIC INTERSOMATIC IMPLANT, AND FORCEPS FOR MANIPULATING SUCH AN IMPLANT  |  |   |  |  |  |
| APPLICANT(S) FOR DO/EO/US<br>Pierre BERNARD et al  |  |   |  |  |  |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:  |  |   |  |  |  |
| <p>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.</p> <p>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.</p> <p>4. <input checked="" type="checkbox"/> The US has been elected by the expiration of 19 months from the priority date (Article 31).</p> <p>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2))</p> <p>a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</p> <p>b. <input checked="" type="checkbox"/> has been communicated by the International Bureau.</p> <p>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</p> <p>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).</p> <p>a. <input checked="" type="checkbox"/> is attached hereto.</p> <p>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</p> <p>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))</p> <p>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</p> <p>b. <input type="checkbox"/> have been communicated by the International Bureau.</p> <p>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</p> <p>d. <input checked="" type="checkbox"/> have not been made and will not be made.</p> <p>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).</p> <p>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</p> <p>10. <input checked="" type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</p> <p>Items 11 to 20 below concern document(s) or information included:</p> <p>11. <input type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</p> <p>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</p> <p>13. <input type="checkbox"/> A <b>FIRST</b> preliminary amendment.</p> <p>14. <input type="checkbox"/> A <b>SECOND</b> or <b>SUBSEQUENT</b> preliminary amendment.</p> <p>15. <input type="checkbox"/> A substitute specification.</p> <p>16. <input type="checkbox"/> A change of power of attorney and/or address letter.</p> <p>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 35 U.S.C. 1.821 - 1.825.</p> <p>18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</p> <p>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</p> <p>20. <input checked="" type="checkbox"/> Other items or information:<br/>3 sheets of drawings</p> |  |   |  |  |  |
| Express Mail Label No.<br>L 698 183925   |  |   |  |  |  |

| U.S. APPLICATION NO. <b>10/030398</b>   |              | INTERNATIONAL APPLICATION NO.<br>PCT/FR00/01967 |                   | ATTORNEY'S DOCKET NUMBER<br>CU-2801 RJS   |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
|---|--------------|---|-------------------|---|--------------|--------------|------|----|--------------|--------|--|------------------|----|--------------------|-------|--|------------------|----|---|--|--|-------------------|----|--|--|----|--|----|--|
| <p>21. <input checked="" type="checkbox"/> The following fees are submitted:</p> <p><b>BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)):</b></p> <p>Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO ..... <b>\$1040.00</b></p> <p>International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO ..... <b>\$890.00</b></p> <p>International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO ..... <b>\$740.00</b></p> <p>International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4) ..... <b>\$710.00</b></p> <p>International preliminary examination fee (37 CFR 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4) ..... <b>\$100.00</b></p> <p style="text-align: center;"><b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b></p> |              |   |                   | <b>CALCULATIONS PTO USE ONLY</b>  |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
|   |              |   |                   | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; text-align: right;">\$ 890.00</td><td style="width: 50%;"></td></tr><tr><td style="text-align: right;">\$</td><td></td></tr></table> |              | \$ 890.00    |      | \$ |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
| \$ 890.00   |              |   |                   |   |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
| \$  |              |   |                   |   |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
| <p>Surcharge of <b>\$130.00</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).</p>   |              |   |                   | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; text-align: right;">\$</td><td style="width: 50%;"></td></tr><tr><td style="text-align: right;">\$</td><td></td></tr></table>        |              | \$           |      | \$ |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
| \$  |              |   |                   |   |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
| \$  |              |   |                   |   |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 20%;">CLAIMS</th><th style="width: 20%;">NUMBER FILED</th><th style="width: 20%;">NUMBER EXTRA</th><th style="width: 20%;">RATE</th><th style="width: 20%;">\$</th></tr></thead><tbody><tr><td>Total claims</td><td style="text-align: center;">- 20 =</td><td></td><td style="text-align: right;">x <b>\$18.00</b></td><td style="text-align: right;">\$</td></tr><tr><td>Independent claims</td><td style="text-align: center;">- 3 =</td><td></td><td style="text-align: right;">x <b>\$84.00</b></td><td style="text-align: right;">\$</td></tr><tr><td colspan="3">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td><td style="text-align: right;">+ <b>\$280.00</b></td><td style="text-align: right;">\$</td></tr></tbody></table>   |              |   |                   | CLAIMS  | NUMBER FILED | NUMBER EXTRA | RATE | \$ | Total claims | - 20 = |  | x <b>\$18.00</b> | \$ | Independent claims | - 3 = |  | x <b>\$84.00</b> | \$ | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  |  | + <b>\$280.00</b> | \$ | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; text-align: right;">\$</td><td style="width: 50%;"></td></tr><tr><td style="text-align: right;">\$</td><td></td></tr></table> |  | \$ |  | \$ |  |
| CLAIMS  | NUMBER FILED | NUMBER EXTRA                                    | RATE              | \$  |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
| Total claims  | - 20 =       |   | x <b>\$18.00</b>  | \$  |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
| Independent claims  | - 3 =        |   | x <b>\$84.00</b>  | \$  |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)   |              |   | + <b>\$280.00</b> | \$  |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
| \$  |              |   |                   |   |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
| \$  |              |   |                   |   |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>  |              |   |                   | \$ 890.00   |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
| <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.</p>   |              |   |                   | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; text-align: right;">\$</td><td style="width: 50%;"></td></tr><tr><td style="text-align: right;">\$</td><td></td></tr></table>        |              | \$           |      | \$ |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
| \$  |              |   |                   |   |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
| \$  |              |   |                   |   |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
| <b>SUBTOTAL =</b>   |              |   |                   | \$ 890.00   |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
| <p>Processing fee of <b>\$130.00</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).</p>  |              |   |                   | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; text-align: right;">\$</td><td style="width: 50%;"></td></tr><tr><td style="text-align: right;">\$</td><td></td></tr></table>        |              | \$           |      | \$ |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
| \$  |              |   |                   |   |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
| \$  |              |   |                   |   |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
| <b>TOTAL NATIONAL FEE =</b>   |              |   |                   | \$  |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
| <p>Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00</b> per property +</p>  |              |   |                   | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; text-align: right;">\$</td><td style="width: 50%;"></td></tr><tr><td style="text-align: right;">\$</td><td></td></tr></table>        |              | \$           |      | \$ |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
| \$  |              |   |                   |   |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
| \$  |              |   |                   |   |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
| <b>TOTAL FEES ENCLOSED =</b>  |              |   |                   | \$ 890.00   |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
|   |              |   |                   | <b>Amount to be refunded:</b>   |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
|   |              |   |                   | \$  |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
|   |              |   |                   | <b>charged:</b>   |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
|   |              |   |                   | \$  |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
| <p>a. <input checked="" type="checkbox"/> A check in the amount of \$ <u>890.00</u> to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>12-0400</u>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. <b>Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.</p>  |              |   |                   |   |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
| <p><b>NOTE:</b> Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status.</p> <p>SEND ALL CORRESPONDENCE TO:</p> <p>Ladas &amp; Parry<br/>224 South Michigan Avenue<br/>Chicago, Illinois 60604<br/>(312) 427-1300</p> <p>Customer Number 26530</p>  |              |   |                   |   |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |
|   |              |   |                   | <br>SIGNATURE<br>Richard J. Streit<br>NAME<br>25765<br>REGISTRATION NUMBER<br>January 8, 2002   |              |              |      |    |              |        |  |                  |    |                    |       |  |                  |    |   |  |  |                   |    |  |  |    |  |    |  |

10/030398

P. 2/25  
L 698 183925

JC13 Rec'd PCT/PTO 08 JAN 2002

APPLICANT: SCIENTIA

TITLE: An anatomic intersomatic implant, and forceps for manipulating such an implant

U.S. COMPLETION OF

INTERNATIONAL APPLICATION PCT/FR 00/01967

FILED JULY 7, 2000

**VERIFICATION OF A TRANSLATION**

I, Barbara PELLIN, the below named translator, hereby declare that:

My name and post office address are as stated below:

That I am knowledgeable in the English language and in the language in which the below-identified international application was filed, and that I believe the English translation of the international application No. PCT/FR 00/01 967 is a true and complete translation of the above-identified international application as filed.


I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Date: JANUARY 3, 2002

Full name of Translator:

Barbara PELLIN

Signature of Translator:



Post Office Address:

158, rue de l'Université  
75340 PARIS Cédex 07

DOCKET: CU-2801 RJS

Pierre BERNARD et al

US Completion of PCT/FR00/01967-

**ENGLISH TRANSLATION OF CLAIMS FILED IN RESPONSE TO**  
**WRITTEN OPINION IN PCT APPLICATION ON 17 SEPTEMBER 2001**